



ARKANSAS RACING COMMISSION
Kennel Name Registration Application
Fee - \$20.00

| | |
|-------------|----------------|
| Date Issued | License Number |
| Receipt No. | Cash Check MO |

Mail and Return Completed Form with Check or Money Order Payable To:

Arkansas Racing Commission

P. O. Box 2088, West Memphis, AR 72303-2088

Any person making any false, untrue or misleading statement on an Application for License or Registration or in a written or oral Examination shall be denied such License or Registration, and shall be suspended by the Racing Commission indefinitely.

This Application must be submitted to the Racing Secretary.

TO THE ARKANSAS RACING COMMISSION:

The undersigned hereby makes Application to register the following **KENNEL** in accordance with the terms and provisions Rules and Regulations of the Arkansas Racing Commission for the Year 20 __.

Kennel Name: _____

Responsible Party: _____

Permanent Address: _____

City/State: _____

Zip: _____

TIN#: _____

SSN#: _____

Phone: _____

☐ Yes ☐ No Has **KENNEL NAME** been registered with another Racing Association?

If Yes, give name of the Association and Date of Registration.

Name: _____

Date: _____

List names and addresses of all Individuals, Corporations and Partnerships using the **KENNEL NAME**:

NAMES

ADDRESSES

☐ Yes ☐ No

At the time of making this Application, are any of the above named Individuals, Corporations, or Partnerships, under suspension, set down, ruled off, or otherwise debarred from racing by any Racing Organization, Association, Commission, or other recognized Greyhound Authority in the United States or elsewhere?

If so, state when, where and by whom the ruling(s) were made, and offense(s) charged.
(Use separate sheet if necessary):

☐ Yes ☐ No **Arkansas Law requires you to carry Worker's Compensation Insurance on your employees. Do you have such Insurance now?**

Name of Insurance Company:

ANY AND ALL EMPLOYEE CHANGES MUST BE REPORTED WITHIN TEN (10) DAYS OF CHANGE!

If the **KENNEL** has NO employees a notarized affidavit must be filed with the Arkansas Worker's Compensation Commission, with states that the **KENNEL** has NO employees.

| NAME | ADDRESS (City, State, Zip) | PHONE | HIRE DATE | AGE |
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ANY AND ALL CHANGES MUST BE REPORTED WITHIN TEN (10) DAYS OF CHANGE!

Fair Credit Report Act – Section 606 (A), Effective April 25, 1971

In making this application for a license to participate in Greyhound Racing, the applicants acknowledge and understand that an investigative consumer report may be compiled by the Arkansas Racing Commission based upon information obtained from personal interviews with third parties including, but not limited to, family members, business associates, financial sources, friends, neighbors and others with whom the applicants may be acquainted. During the course of the investigation, information relating to the applicants' character, general reputation, personal characteristics and mode of living may be acquired by the Arkansas Racing Commission. Under the provisions of 15 U.S.C. §1681d(b), applicants may submit a written request to the Arkansas Racing Commission within a reasonable period of time after filing an application for a complete and accurate disclosure of the nature and scope of the Commission's investigation. Under the provisions of 15 U.S.C. §§1681d(a)(1) and 1681g(c), applicants are entitled to receive a summary of their rights under the federal *Fair Credit Reporting Act* from a consumer reporting agency upon request to the agency.

I certify that I have received and read a copy of the Rules and Regulations of the Arkansas State Racing Commission Governing Greyhound Racing in Arkansas, and I will observe and abide by such Rules and Regulations. I understand that any violation of any Rule or Regulation will subject me or any animal under my supervision and control to disciplinary action.

Applicant Signature

Date of Application